

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE							
						APPLICANT(S)		097895102							
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		IND.	DEP.
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		2					58								
9		2					59								
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11	1						61								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2						TOTAL IND.								
TOTAL DEP.	14						TOTAL DEP.								
TOTAL CLAIMS	16						TOTAL CLAIMS								

Best Available Copy